**Evaluation Form**

|  |
| --- |
| STATION 3 – fielding/throwing |



|  |  |
| --- | --- |
| Name: |  |
|  |  |
| League Age: |  |
|  |  |
| League: |  |

|  |
| --- |
| RATING(circle one) |
|  |  |  |  |  |
| 1 | 2 | 3 | 4 | 5 |
| Needs Improvement | Below Average | Average | Above Average | Outstanding |
|  |  |  |  |  |

|  |  |
| --- | --- |
| NOTES: |  |
|  |
|  |